



IMC FORM 106

Request for Qualified Medical Evaluator

(Please Complete Form/Type or Print)

EMPLOYEE INFORMATION

TODAY'S DATE _____

DATE OF INJURY (LIST ONLY ONE) (Requests without month/day/year of injury will be returned).

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

(AREA CODE) PHONE # _____

If currently residing out of state, list residence at the time of injury:

CITY, ZIP CODE _____

EMPLOYER INFORMATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

(AREA CODE) PHONE # _____

INSURER or CLAIMS ADMINISTRATOR INFORMATION

NAME _____

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

(AREA CODE) PHONE # _____ CLAIM NUMBER _____

This Section to be Filled out by the Injured Worker ONLY

Please list ONLY ONE specialty (Insert three letter code from the back of this form)

Specialty Physician

Requested: _____

Signature of Injured Worker _____

PLEASE NOTE: Panels will be issued in the area of the injured worker's residence. If the injured worker resides out of state the panel will be issued in the area of residence at time of injury. If due to special circumstances another city is required please attach letter of agreement from the carrier and the city and zip code being requested.

If the IMC does not issue a panel within 15 working days after this request is received by the IMC, you are entitled to select a QME of your choice. Send this completed form to:

INDUSTRIAL MEDICAL COUNCIL

Executive Medical Director

P. O. Box 8888

San Francisco, CA 94128-8888

(650) 737-2700 or (800) 794-6900

(650) 737-2707 FAX

For Use with the QME Panel Request Form

MD/DO SPECIALTY CODES

MAI	Allergy and Immunology
MAA	Anesthesiology
MRS	Colon & Rectal Surgery
MDE	Dermatology
MEM	Emergency Medicine
MFP	Family Practice - MD
OFP	Family Practice - DO
OFM	Family Practice - DO - Including Osteopathic Manipulation
MPM	General Preventive Medicine
MOH	Hand - Orthopaedic Surgery
MPH	Hand - Plastic Surgery
MSH	Hand - Surgery
MMM	Internal Medicine
MMV	Internal Medicine - Cardiovascular Disease
MME	Internal Medicine - Endocrinology Diabetes and Metabolism
MMG	Internal Medicine - Gastroenterology
MMH	Internal Medicine - Hematology
MMI	Internal Medicine - Infectious Disease
MMO	Internal Medicine - Medical Oncology
MMN	Internal Medicine - Nephrology
MMP	Internal Medicine - Pulmonary Disease
MMR	Internal Medicine - Rheumatology
MOQ	Medicine - Otherwise Qualified
MPN	Neurology
MNS	Neurological Surgery
MNM	Nuclear Medicine
MOG	Obstetrics and Gynecology
MPO	Occupational Medicine
MOP	Ophthalmology
MOS	Orthopaedic Surgery
MOB	Orthopaedic Surgery - Including Back
MTO	Otolaryngology
MAP	Pain Management - Anesthesiology
MPP	Pain Management - Pain Medicine
MHA	Pathology
MEP	Pediatrics
MPR	Physical Medicine & Rehabilitation
MPS	Plastic Surgery
MPD	Psychiatry
MRY	Radiology
MSY	Surgery
MSG	Surgery - General Vascular
MTS	Thoracic Surgery
MPT	Toxicology - Occupational Medicine
MET	Toxicology - Emergency Medicine
MUU	Urology

NON-MD/DO SPECIALTY CODES

*denotes a doctor of chiropractic who has completed a chiropractic post-graduate specialty program

ACA	Acupuncture
DCH	Chiropractic
DCN	Chiropractic - Neurology*
DCO	Chiropractic - Orthopaedic *
DCR	Chiropractic - Radiology*
DCS	Chiropractic - Sports Medicine*
DCT	Chiropractic - Rehabilitation*
DEN	Dentistry
OPT	Optometry
POD	Podiatry
PSY	Psychology
PSN	Psychology - Clinical Neuropsychology